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FM AMEMBASSY DHAKA
TO RUEHC/SECSTATE WASHDC PRIORITY 9373
INFO RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE PRIORITY
RUEHPH/CDC ATLANTA GA USA PRIORITY
RUEHRC/DEPT OF AGRICULTURE WASHDC
RUEHBJ/AMEMBASSY BEIJING 0687
RUCPDO/DEPT OF COMMERCE WASHDC

UNCLAS SECTION 01 OF 02 DHAKA 000844

STATE FOR M/PRI FOR RMORRITZ
STATE FOR SCA/INSB, SCA/PPD
STATE FOR S/ES-O/CMS FOR EPARRA
STATE FOR OES/AIAG FOR AMBASSADOR LOFTIS, HELEN REED ROWE, AND
CRAIG SHAPIRO
STATE FOR OES/IHB, AAIT, MED
HHS FOR OGHA STEIGER AND HICKEY
CDC ATLANTA FOR CCID AND COGH
USDA FOR APHIS

SENSITIVE
SIPDIS

E.O. 12958: N/A
TAGS: [KFLU](#) [TBIO](#) [PINR](#) [EAGR](#) [AMED](#) [CASC](#) [PGOV](#) [BG](#)
SUBJECT: BANGLADESH H1N1 CASES INCREASING

REF A: DHAKA 621 B: STATE 82155 C: STATE 85141

SUMMARY

¶1. (SBU) The number of H1N1 cases in Bangladesh is on the rise, with 117 total confirmed cases by August 26 and early evidence of in-country community-level transmission. Government actions to date seem appropriate. The local press reported the spread of H1N1 and two private schools closed temporarily. The Government of Bangladesh (GOB) is preparing a public information campaign, reviewing preparedness of public health facilities and considering raising its internal alert level. Despite two Dhaka school closures, the GOB currently advises schools to remain open. The main school serving U.S. Mission dependents remains open in accordance with CDC guidance, after officials confirmed one student (not a U.S. Mission EFM) had H1N1. Mission Dhaka convened the Pandemic Influenza Working Group to review mission preparedness and issued updated internal and warden messages on H1N1.

H1N1 SPREADS BEYOND TRAVELERS

¶2. (SBU) The Ministry of Health confirmed 117 H1N1 cases by August 26, up from the handful of cases first reported at the end of June (Ref A). Scientists from the U.S. Centers for Disease Control (CDC) based in Bangladesh reported early evidence of in-country community-level transmission after surveillance in the Kamalpur community near Dhaka confirmed several H1N1 cases in patients who had no contact with recent travelers. Since early August, cases have spread from the Dhaka region to ten districts around the country. CDC reported there were no confirmed fatalities, though two suspected H1N1-related deaths could not be confirmed because doctors could not test the patients prior to the deaths and subsequent burials. According to CDC, the low number of confirmed H1N1 cases in Bangladesh compared to neighboring countries is due largely to capacity limitations in testing and surveillance. Although the sample size currently is too small to precisely estimate H1N1 infection rates, surveillance results from Kamalpur suggest there were already thousands of H1N1 cases in this community by early August.

¶3. (U) Local media have publicized the rising case count and the closure of two private schools in Dhaka after H1N1 cases were confirmed in several students. The American International School of Dhaka (AIS/D), the main school serving U.S. Mission children,

informed parents August 23 that one student (not a Mission EFM) was diagnosed with a confirmed case of H1N1. Citing CDC and GOB guidance, the school has remained open while urging parents to keep sick children home.

GOB RESPONSE

14. (U) At an August 16 cabinet meeting, Prime Minister Sheikh Hasina directed the Ministry of Health (MOH) to coordinate pandemic flu preparedness with other Ministries. The Minister of Health convened a meeting August 20 with representatives of the Ministry of Public Information, as well as UNICEF, WHO, and CDC advisors to coordinate pandemic flu preparedness. At this meeting, CDC advisors relayed ref C information and discussed current CDC guidelines for schools and pandemic preparedness. GOB officials agreed to coordinate dissemination of risk communication messages to the general public, schools, and the media. In addition, Ministry of Health officials committed to preparing local hospitals for an increase in severe influenza cases; reviewing triaging, treatment and infection control guidelines; and mobilizing stockpiles of antivirals and personal protective equipment.

15. (U) According to media reports, Bangladeshi delegates at an August 23-24 global pandemic flu conference in China pressed flu vaccine makers to donate vaccines to Bangladesh. The companies had already pledged to produce and donate 150 million vaccines to the WHO for developing countries. The MOH also has asked USAID to donate 2 million surgical masks. MOH officials anticipate having sufficient oseltamivir (also known as Tamiflu) to treat severe cases and are exploring ways to urge local manufacturers to increase the supply to treat ambulatory patients at high risk of complications

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(e.g. pregnant women and those with diabetes or cardiovascular disease).

MISSION ACTIONS

16. (SBU) The U.S. mission convened its Pandemic Influenza Working Group to review tripwires and mission preparedness. Following consultation with MOH contacts, the management and consular sections updated internal and warden messages with information on H1N1 and reminders of preventive measures. The working group will continue to review avian flu tripwires to adapt them to the less severe scenarios of an H1N1 pandemic. Through its existing relationship with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), CDC has consulted regularly with GOB counterparts to track the spread of H1N1 and coordinate preparedness for the upcoming flu season.

COMMENT

17. (SBU) The GOB and MOH appear to be taking appropriate steps to disseminate public information and review preparedness measures in advance of the upcoming flu season. They are also maintaining sound guidelines against public school closures, though they may face increasing pressure to close schools and limit public gatherings as the case count rises and fatalities are reported, which is likely during the upcoming autumn flu season. CDC and USAID will continue their regular consultations with MOH counterparts to support pandemic flu preparedness measures and encourage sound guidelines. Mission Dhaka's Pandemic Influenza Working Group will continue to meet regularly and monitor the situation.

MORIARTY